

**Institute for Learning Partnership
at the University of Wisconsin - Green Bay**

Grants to Improve Teaching and Learning

**GRANT PROPOSAL
COVER PAGE**

PROJECT TITLE

(limit to 54 characters)

NAME(S) AND AFFILIATION(S) OF PROJECT DIRECTOR(S):

Name:

Position:

School, University, or Other Affiliation:

Mailing Address:

City:

State: WI Zip Code:

Phone:

E-mail:

Fax:

Additional Proposers (Include name, title, and affiliation)

PROJECT SUMMARY:

TOTAL BUDGET REQUEST:

\$

Institute for Learning Partnership
at the University of Wisconsin - Green Bay

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Proposal Budget Page

Organization: (Please include address, phone number and e-mail address if available)		
	Amount Requested Academic Summer	
Applicant/Project Director:	\$	\$
A. Other Personnel:		
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
B. Total Salaries and Wages:	\$	
C. Equipment and Supplies:		
		\$
		\$
		\$
		\$
D. Travel:		
1. Mileage at /mile		\$
2. Meals		\$
3. Lodging		\$
4. Other (Explain)		\$
E. Other Costs: (e.g., Publication/Dissemination, Computer Services, Workshop fees)		
		\$
		\$
F. Total Amount Requested:	\$	
Typed Name and Signature	Date	